Mississippl Secretary of State

ADMINISTRATIVE PROCEDURES		O. Box 136, Jackson, MS 3920	5-0136		
AGENCY NAME MS Department of Human Services		CONTACT PERSON M. Earl Scales	1	TELEPHONE NUMBER (601)359-4237	
ADDRESS		CITY		STATE	ZIP
750 North State Street		Jackson		MS	39202
EMAIL SUBMIT escal@ago.state.ms.us DATE 06-17-14		Name or number of rule(s): Title 18: Part 13			
Short explanation of rule/amendment. Abuse screening/testing policy per Stat Specific legal authority authorizing the List all rules repealed, amended, or sus ORAL PROCEEDING: X An oral proceeding is scheduled for Extension Office, 1735 Wilson Blvd, Jac	e law effective 07-0 promulgation of ru pended by the prop this rule on Date kson, MS 39204	ol-14 NOTICE OF HEAR ile: MS Code Section 43-1-2 osed rule: MDHS, DFO, Vol. I e: July 22, 2014 Time: 9:00 a.r	LING	icy Manual, Ch	
Presently, an oral proceeding is not lift an oral proceeding is not scheduled, an oral proceeding or not proposed rule adoption and should incomment or attorney, the name, address, email addressment period, written submissions including ECONOMIC IMPACT STATEMENT:	oceeding must be held in the dould be submitted to the lude the name, address, ress, and telephone nurarguments, data, and vi	f a written request for an oral proceed the agency contact person at the above email address, and telephone numbe mber of the party or partles you repres ews on the proposed rule/amendment	address within r of the person(s ent. At any time r/repeal may be	twenty (20) days a s) making the requi e within the twenty submitted to the f	ofter the filing of this est; and, if you are an y-five (25) day public illing agency.
X Economic impact statement not required for this rule.					
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propo New r X Amen Repea Adopt Proposed fin 30 day X Other		FINAL ACTION ON RULES Date Proposed Rule Filed: 6/28/2012 Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify):		
Printed name and Title of person a Signature of person authorized to f		ules: M. Earl Scales, Assist	ant Attorne	y General	
OFFICIAL FILING STAMP	DO NOT OFF	WRITE BELOW THIS LINE FICIAL FILING STAMP JUN 1 7 2014 WISSISSIPPI ETARY OF STATE	OF	FICIAL FILING S	STAMP
Accepted for filing by	Accepted fo	r filing by	Accepted for filing by		

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.